

Medical Force Protection: Pakistan

Medical Force Protection countermeasures required before, during, and after deployment to Pakistan are as follow:

Major Threats

Pakistan is considered **HIGH RISK** for infectious diseases. Force health protection measures must be followed to ensure that mission effectiveness will not be seriously jeopardized. The greatest medical threats are from food- and water-borne diseases (bacterial diarrhea, hepatitis A, typhoid / paratyphoid fever, hepatitis E), injuries, sexually transmitted diseases (hepatitis B, chlamydia, gonorrhea), cold injury, rabies, and vector-borne diseases (sand fly fever, leishmaniasis, epidemic louse-borne typhus fever, and dengue). Malaria is present at elevations below 2000 meters (approximately 6000 ft).

Requirements before Deployment

1. Ensure immunizations are up-to-date or obtain area-specific immunizations:
 - a. Measles, mumps, and rubella (MMR)
 - b. Hepatitis A
 - c. Hepatitis B (health care workers, emergency medical responders)
 - d. Typhoid
 - e. Tetanus-diphtheria (Td)
 - f. Influenza
 - g. Polio
 - h. Yellow fever
 - i. Meningococcal
 - j. Other tests: HIV test within past 12 months; PPD/TST within past 12 months
2. Malaria chemoprophylaxis, one of three regimens:
 - a. Doxycycline (100 mg) 1 tablet per day; start 2 days before entering risk area, continue daily during deployment and continue for 28 days post-deployment. (Note: Approved for flight status personnel.)
 - b. Mefloquine (250 mg) 1 tablet per week; start 2 weeks before entering risk area, continue once weekly during deployment, and continue for 4 weeks post-deployment. (Note: Not approved for personnel on flight status.)
 - c. Malarone (250 mg atovaquone/100 mg proguanil) 1 tablet per day; start 2 days before entering risk area, continued daily during deployment and continue for 7 days post-deployment. (Note: Not approved for personnel on flight status.)
3. Malaria post-exposure chemoprophylaxis: Relapsing forms of *P. vivax* exist in Pakistan for which primaquine is effective. Primaquine (26.3 mg) 1 tablet daily; start on first day post-deployment and continue for 14 days.
4. Dental Class I or II.
5. Other preventive measures: 30 day supply of prescription medications, 2 pairs of prescription eye glasses, DEET-containing insect repellent, permethrin-treated uniforms, permethrin-treated bednets, bed net poles, sunscreen, lip balm, and sunglasses.
6. Medical threat assessment briefing.
7. Pre-deployment health assessment (DD Form 2795).

Requirements during Deployment

1. Consume food, water, and ice only from US-approved sources; "boil it, cook it, peel it, or forget it."
2. Involve preventive medicine personnel with troop campsite selection.
3. Practice good personal hygiene, hand-washing, and waste disposal.
4. Avoid sexual contact. If sexually active, use condoms.
5. Use DEET and other personal protective measures against insects to prevent arthropod-borne diseases. Personal protective measures include, but are not limited to, proper wear of uniform, use of bed nets, chemoprophylaxis, and daily "buddy checks" in tick-infested areas.
6. Minimize non-battle injuries by ensuring safety measures are followed. Precautions include hearing and eye protection, adequate water consumption, suitable work/rest cycles, acclimatization to environment, and stress management.
7. Eliminate food and waste sources that attract pests in living areas.
8. Avoid contact with animals, spiders, scorpions, snakes, and hazardous plants.

Requirements after Deployment

1. Post-deployment health briefing.
2. Complete post-deployment health assessment (DD Form 2796) including required blood specimen.
3. PPD/TST testing 90 days post-deployment.
4. Complete malaria chemoprophylaxis therapy and terminal (post-exposure) malaria chemoprophylaxis therapy.
5. Seek immediate medical care for any illnesses, particular any febrile illness, during the 6 month post-deployment period.